

NUMBER 9/273,591	FILING DATE 03/22/99	CLASS 482	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. ENVSP001B
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APPLICANT

PAUL L. HICKMAN, LOS ALTOS HILLS, CA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A CON OF 08/766,513 12/13/96  
PROVISIONAL APPLICATION NO. 60/008,603 12/14/95

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/08/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

PAUL L. HICKMAN  
HICKMAN BEYER & WEAVER  
P O BOX 1823 52037  
PALO ALTO CA 94306-1823 94303-0746

TITLE

~~METHOD AND APPARATUS FOR REMOTE INTERACTIVE EXERCISE AND HEALTH~~  
~~EQUIPMENT~~

Per B1 Force script Implementation over a Wide Area Network  
#6

FILING FEE RECEIVED  \$484	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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